FCC For	rm 481 - Carrier Annual Reporting Data Collection Form		FCC Form 481 OMB Control No. July 2013	3060-0986/OMB Control N	lo. 3060-0819
<010>	Study Area Code	512295			
-245	Study Area Name	SILVER STAR TEL-WY			100
240.50	Program Year	2015			
100-6-507	Contact Name: Person USAC should contact	Michelle Motzkus			
<035>	with questions about this data Contact Telephone Number: Number of the person identified in data line <03	3078836690 ext.			
<039>	Contact Email Address:	mamotzkus@silverstar.	net		
	Email of the person identified in data line <030>	mamotzkus@siiverstar.	net and the second	54.313	54.422
NNUA	AL REPORTING FOR ALL CARRIERS			Completion Required	Required
:100>	Service Quality Improvement Reporting		complete attached worksheet)	· /	MILL
200>	Outage Reporting (voice)	1	complete attached worksheet)	1	1
<210>	✓ - check box	f no outages to report		1	THE STATE OF THE S
<300>	Unfulfilled Service Requests (voice)				
<310>	Detail on Attempts (voice)		14		
			(attach descrip	ive document)	
<320>	Unfulfilled Service Requests (broadband)	0		✓	
/320>	Detail on Attempts (broadband)	e The All Cont			
·33U>	versil on Attempts (produpand)		(attach descri	otive document)	
<400>	Number of Complaints per 1,000 customers (voice	ce)			
<410>	Fixed 0.0	fr		/	1
<420>	Mobile 0.0				
<430> <440>	Number of Complaints per 1,000 customers (bro	adband)		1	11111
<450>	Mobile 0-0				
<500>	Service Quality Standards & Consumer Protectio	n Rules Compliance	(check to indicate certification)	✓	1
E10					,
<510>	1 7 -6	10.7	(attached descriptive document)		V
<600>	Functionality in Emergency Situations	1807.061	(check to indicate certification)	1	1
	512295wy610.pdf	- 10-51			
	450		attached descriptive document)	1	1
<610>					
<700>	Company Price Offerings (voice)		(complete attached worksheet)	_ / H	
<710>	Company Price Offerings (broadband)		(complete attached worksheet)		THE
			(complete attached worksheet)		1
	Tribal Land Offerings (Y/N)?	(if yes	complete attached worksheet)		11111
<1000>	Voice Services Rate Comparability 512295wy1010.pdf		(check to indicate certification)		
<1010>			(attach descriptive document)	1	
	> Terrestrial Backhaul (Y/N)?	(If no	t, check to indicate certification)		
<1110> <1200>	• Terms and Condition for Lifeline Customers		(complete attached worksheet) (complete attached worksheet)		1
100	Price Cap Carriers, Proceed to Price Cap Addition	nal Documentation Worksho	eet		
200	Including Rate-of-Return Carriers affiliated with				****
<2000> <2005>			(check to indicate certification)		
.20037	Rate of Return Carriers, Proceed to ROR Addition		(complete attached worksheet)		
<3000>	,		(check to indicate certification)	✓	
<3005>			(complete attached worksheet)	/	

	ervice Quality Improvement Reporting illection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	12295
<015>	Study Area Name	ILVER STAR TEL-WY
<020>	Program Year	015
<030>	Contact Name - Person USAC should contact regarding this data	ichelle Motzkus
<035>	Contact Telephone Number - Number of person identified in data line <030>	078836690 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	amotzkus@silverstar.net
<110>	Has your company received its ETC certification from the FCC?	(yes / no) •
<111>	If your answer to Line <110> is yes, do you have an existing §54.202(a) "5 year plan" filed with the FCC?	(yes / no) O O
<112>	If your answer to Line <111> is yes, then you are required to file a progress report, on line <112> delineating the status of your company's existing § 54.202(a) "5 year plan" on file with the FCC, as it relates to your provision of voice telephony service. Attach Five-Year Service Quality Improvement Plan or, in subsequent years, your annual progress report filed pursuant to 47 C.F.R. § 54.313(a)(1). If your con CETC which only receives frozen support, your progress report is only required to address voice telephony service.	pany is a
	Please check these boxes below to confirm that the attached documents(s), on line 112, contains a progress report on its five-year service quality improvement plan pursuant to § 54.202(a). The information shall be submitted at the wire center level or census block as appropriate.	Name of Attached Document
<113>	Maps detailing progress towards meeting plan targets	
:114>	Report how much universal service (USF) support was received	
115>	How (USF) was used to improve service quality	
116>	How (USF)was used to improve service coverage	
:117>	How (USF) was used to improve service capacity	
:118>	Provide an explanation of network improvement targets not met in the prior calendar year.	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

<010>	Study Area Code	512295
<015>	Study Area Name	SILVER STAR TEL-WY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Motzkus
<035>	Contact Telephone Number - Number of person identified in data line <030>	3078836690 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mamotzkus@silverstar.net

<a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<d></d>	<e></e>	<f></f>	<g></g>	<h>></h>
NORS Reference Number	Outage Start Date	Outage Start Time	Outage End Date		Number of Customers Affected	Total Number of Customers	911 Facilities Affected (Yes / No)	Service Outage Description (Check all that apply)	Did This Outage Affect Multiple Study Areas (Yes / No)	Service Outage Resolution	Preventative Procedures
		-									
					W .						
				45							
				- W-	E Y			- A =	, J. J.		
				. 7		/ / /					
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		-									

	ice Offerings including Voice Rate Data Ilection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	512295	
<015>	Study Area Name	SILVER STAR TEL-WY	and the second s
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Motzkus	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3078836690 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	mamotzkus@silverstar.net	
<701>	Residential Local Service Charge Effective Date 1/1/2014 Single State-wide Residential Local Service Charge		

· [<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<bs></bs>	< C>
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fe
E									7 37 37 3
-	1 1						Walter Account		
F						7.14			
F									
-					See a	tached worksheet	-		
E				-					
-	· ·								
F									

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	512295
<015>	Study Area Name	SILVER STAR TEL-WY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Motzkus
<035>	Contact Telephone Number - Number of person identified in data line <030>	3078836690 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mamotzkus@silverstar.net

	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<0>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select
-		E STATE OF THE STA			F 97		- 7 - 27		
	er ac					MILE I	Hamilton Francisco		
							to/w		
				See attac	hed				
				worksheet -					
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	5								
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	erating Companies lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	512295	
<015>	Study Area Name	SILVER STAR TEL-WY	
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Motzkus	
<035>	Contact Telephone Number - Number of person identified in data line <030>	3078836690 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	mamotzkus@silverstar.net	
<810>	Reporting Carrier Silver Star Tel-WY		
<811>	Holding Company Horizon Communications, Inc.		

<812> Operating Company

Silver Star Telephone Company, Inc.

	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
9:		See attached worksheet	
	5		AT THE RESERVE OF THE PERSON O
B. V.			

	bal Lands Reporting llection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	512295
<015>	Study Area Name	SILVER STAR TEL-WY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Motzkus
<035>	Contact Telephone Number - Number of person identified in data line <030	3078836690 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030	> mamotzkus@silverstar.net
<910>	Tribal Land(s) on which ETC Serves	
		나는 그리고 말이 가는 사람들은 얼마나 하는 것이다.
920>	Tribal Government Engagement Obligation	
		Name of Attached Document
f vour	rompany serves Tribal lands please select (Ves No. NA) for each these hoves	
	company serves Tribal lands, please select (Yes,No, NA) for each these boxes	
o confi	rm the status described on the attached document(s), on line 920,	Select
to confi demons	irm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to	res,No,
o confi demons 54.31	strates coordination with the Tribal government pursuant to (Ya) Needs assessment and deployment planning with a focus on Tribal	
o confi demons 54.31 :921>	strates coordination with the Tribal government pursuant to (Y) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions.	res,No,
5 54.31 921>	irm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to (Y) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning;	res,No,
921> 922> 923>	strates coordination with the Tribal government pursuant to (Y) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner;	res,No,
921> 922> 923> 924>	strates coordination with the Tribal government pursuant to (Yalan) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes	res,No,
o confidemons 54.31 921> 922> 923> 924> 925>	strates coordination with the Tribal government pursuant to (3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements	res,No,
921> 922> 923> 924> 925>	rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to (3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules	res,No,
921> 922> 923> 924> 925> 926> 927>	strates coordination with the Tribal government pursuant to (3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Facilities Siting rules Compliance with Environmental Review processes	res,No,
o confi demons	rm the status described on the attached document(s), on line 920, strates coordination with the Tribal government pursuant to (3(a)(9) includes: Needs assessment and deployment planning with a focus on Tribal community anchor institutions. Feasibility and sustainability planning; Marketing services in a culturally sensitive manner; Compliance with Rights of way processes Compliance with Land Use permitting requirements Compliance with Facilities Siting rules	res,No,

	o Terrestrial Backhaul Reporting ection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	512295	
<015>	Study Area Name	SILVER STAR TEL-WY	The second secon
<020>	Program Year	2015	
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Motzkus	
<035>	Contact Telephone Number - Number of person identified in data line <03	> 3078836690 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <03)> mamotzkus@silverstar.net	
<1120>	Please check this box to confirm no terrestrial backhaul options exist within the supported area pursuant to § 54.313(G)		
<1130>	Please check this box to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 kbps upstream within the supported area pursuant to § 54.313(G)		

(1200) Te Lifeline	erms and Condition for Lifeline Customers		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819		
Data Col	lection Form		July 2013		
<010>	Study Area Code	512295			
<015>	Study Area Name	SILVER STAR TEL-WY			
<020>	Program Year	2015			
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Motzkus			
<035>	Contact Telephone Number - Number of person identified in data line <03				
<039>	Contact Email Address - Email Address of person identified in data line <03	30> mamotzkus@silverstar.net			
		512295wy1210.pdf			
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans				
			Name of Attached Document		
<1220>	Link to Public Website				
112207	Link to Public Website HTTP				
"Please c	heck these boxes below to confirm that the attached document(s), on line 1210,				
	ebsite listed, on line 1220, contains the required information pursuant to				
	(a)(2) annual reporting for ETCs receiving low-income support, carriers must				
annually					
aillidally	report.				
<1221>	Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers,				
<1222>	Details on the number of minutes provided as part of the plan,				
<1223>	Additional charges for toll calls, and rates for each such plan.]			

(2000) P	ice Cap Carrier Additional Documentation	FCC Form 481
Data Col	ection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
Including	Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers	July 2013
<010>	Study Area Code	512295
<015>	Study Area Name	SILVER STAR TEL-WY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Motzkus
<035>	Contact Telephone Number - Number of person identified in data line <030>	3078836690 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mamotzkus@silverstar.net
CHECK t	아들은 아들은 마음을 내려면 하면서 되었다. 그는 아들은	ca Phase I support, frozen High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II) the information reported on this form and in the documents attached below is accurate.
2010	Incremental Connect America Phase I reporting	
<2010>	2nd Year Certification (47 CFR § 54.313(b)(1))	. 📙
<2011>	3rd Year Certification {47 CFR § 54.313(b)(2)}	
	Price Cap Carrier Receiving Frozen Support Certification {47 CFR § 54.312(a)}	
<2012>	2013 Frozen Support Certification	
<2013>	2014 Frozen Support Certification	(1) 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
<2014>	2015 Frozen Support Certification .	
<2015>	2016 and future Frozen Support Certification	
	Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)}	
<2016>	Certification Support Used to Build Broadband	
	Connect America Phase II Reporting {47 CFR § 54.313(e)}	
<2017>	3rd year Broadband Service Certification	<u> </u>
<2018>	5th year Broadband Service Certification	
<2019>	Interim Progress Certification	
<2020>	Please check the box to confirm that the attached document(s), on pursuant to § 54.313 (e)(3)(ii), as a recipient of CAF Phase II support addresses of community anchor institutions to which began providing preceding calendar year.	shall provide the number, names, and
Secretario		
<2021>	Interim Progress Community Anchor Institutions	
		Name of Attached Document Listing Required Information

ita Coli	ate Of Return Carrier Additional Documentation lection Form		FCC Form 481 OMB Control No. 30	60-0986/OMB Control No. 3060-08
			July 2013	
<010>	Study Area Code	512295		
<015>	Study Area Name	SILVER STAR TEL-WY		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Motzkus		
<035>	Contact Telephone Number - Number of person identified in data line <030>	3078836690 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	mamotzkus@silverstar.net		
HECK t	the boxes below to note compliance on its five year service quality plan (pursuan CFR § 54.313(f)(2). I further certify that the	nt to 47 CFR § 54.202(a)) and, for privately held carriers, e he information reported on this form and in the document	175 01747 1174	cial reporting requirements set forti
3010)	Progress Report on 5 Year Plan			
	Milestone Certification (47 CFR § 54.313(f)(1)(i))			
		Name of Attached Document Listing Required	Information	
	Please check this box to confirm that the attached document(s), on line 3 § 54.313 (f)(1)(ii), the carrier shall provide the number, names, and addresses	3012 contains the required information pursuant to		
	providing access to broadband service in the preceding calendar year.			
		And the second second		
204-1	A CONTRACTOR OF THE PROPERTY O		100	
3012)	Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)}			
Language and		Name of Attached Document Listing Required Information	4014	
	Is your company a Privately Held ROR Carrier (47 CFR § 54.313(f)(2))	(Yes/No		
3014)	If yes, does your company file the RUS annual report	(Yes/No) (•)()	
ease	check these boxes to confirm that the attached document(s), on line 301	7. contains the required information pursuant to 8.54	313(f)(2) compliance requires:	
		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
3015)	Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		√	
20161		ach Flours		
(010)	Document(s) for Balance Sheet, Income Statement and Statement of Ca	The second secon		
		512295wy3017.pdf		
3017)	If the response is yes on line 3014, attach your company's RUS annual			
	report and all required documentation			
		Name of Attached Document Listing Required Informat	ion O	
3018)	If the response is no on line 3014, Is your company audited?	Name of Attached Document Listing Required Informat (Yes/N		
3018)	If the response is no on line 3014, Is your company audited?			
3018)	If the response is yes on line 3018, please check the boxes below to			
	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	(Yes/N	10) [O[O	
	If the response is yes on line 3018, please check the boxes below to	(Yes/N	10) [O[O	
3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a fi	(Yes/N	10) [O[O	
3019)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains	(Yes/N	10) [O[O	
3019) 3020)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a fi	(Yes/Normat comparable to RUS Operating Report for Telecommu	10) [O[O	
3019) 3020)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a financial statement and Statement of C Management letter issued by the independent certified public accountant that If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),	(Yes/Normat comparable to RUS Operating Report for Telecommu	10) [O[O	
3018) 3019) 3020) 3021)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a financial for Balance Sheet, Income Statement and Statement of C Management letter issued by the independent certified public accountant that If the response is no on line 3018, please check the boxes below.	(Yes/Normat comparable to RUS Operating Report for Telecommu	10) [O[O	
3019) 3020) 3021)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a financial statement and Statement of C Management letter issued by the independent certified public accountant that If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2),	(Yes/Normat comparable to RUS Operating Report for Telecommu	10) [O[O	
3019) 3020) 3021)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a financial statement and Statement of C Management letter issued by the independent certified public accountant that If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a	(Yes/Normat comparable to RUS Operating Report for Telecommu	10) [O[O	
3019) 3020) 3021)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a financial statement (5) for Balance Sheet, Income Statement and Statement of C Management letter issued by the independent certified public accountant that If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an	(Yes/Normat comparable to RUS Operating Report for Telecommu	10) [O[O	
3019) 3020) 3021)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a financial statement and Statement of C Management letter issued by the independent certified public accountant that If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a	(Yes/Normat comparable to RUS Operating Report for Telecommu	10) [O[O	
8019) 8020) 8021)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a financial statement and Statement of C Management letter issued by the independent certified public accountant that If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications	(Yes/Normat comparable to RUS Operating Report for Telecommu	10) [O[O	
3019) 3020) 3021) 3022)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a financial statement and Statement of C Management letter issued by the independent certified public accountant that If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers,	(Yes/Normat comparable to RUS Operating Report for Telecommu	10) [O[O	
3019) 3020) 3021) 3022)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a financial statement and Statement of C Management letter issued by the independent certified public accountant that If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified	(Yes/Normat comparable to RUS Operating Report for Telecommu	10) [O[O	
0019) 0020) 0021) 0022)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a final Document(s) for Balance Sheet, Income Statement and Statement of C Management letter issued by the independent certified public accountant that if the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant	(Yes/Normat comparable to RUS Operating Report for Telecommunicash Flows I performed the company's financial audit.	10) [O[O	
3019) 3020) 3021) 3022) 3023) 3024)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a financial statement and Statement of Comment(s) for Balance Sheet, Income Statement and Statement of Comment letter issued by the independent certified public accountant that If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification.	(Yes/Normat comparable to RUS Operating Report for Telecommunicash Flows I performed the company's financial audit.	10) [O[O	
3019) 3020)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a financial statement and Statement of Comment(s) for Balance Sheet, Income Statement and Statement of Comment letter issued by the independent certified public accountant that If the response is no on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers, Underlying information subjected to a review by an independent certified public accountant Underlying information subjected to an officer certification.	(Yes/Normat comparable to RUS Operating Report for Telecommunicash Flows I performed the company's financial audit.	10) [O[O	
3019) 3020) 3021) 3022) 3023) 3024)	If the response is yes on line 3018, please check the boxes below to confirm your submission, on line 3026 pursuant to § 54.313(f)(2), contains Either a copy of their audited financial statement; or (2) a financial report in a financial statement (2) for Balance Sheet, Income Statement and Statement of Comment (3) for Balance Sheet, Income Statement and Statement of Comment (4) for Balance Sheet, Income Statement and Statement of Comment (5) for Balance Sheet, Income Statement and Statement of Comment (5) for Balance Sheet, Income Statement and Statement of Comment (5) for Balance Sheet, Income Statement and Statement of Comment (5) for Balance Sheet, Income Statement and Statement of Comment (5) for Balance Sheet, Income Statement and Statement of Comment (5) for Balance Sheet, Income Statement and Statement of Camera (5) for Balance Sheet, Income Statement and Statement of Camera (5) for Balance Sheet, Income Statement and Statement of Camera (5) for Balance Sheet, Income Statement and Statement of Camera (5) for Balance Sheet, Income Statement and Statement of Camera (5) for Balance Sheet, Income Statement and Statement of Camera (5) for Balance Sheet, Income Statement and Statement of Camera (5) for Balance (6) for Balance	(Yes/Normat comparable to RUS Operating Report for Telecommunicash Flows I performed the company's financial audit.	10) [O[O	

Certification - Reporting Carrier Data Collection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	512295
<015>	Study Area Name	SILVER STAR TEL-WY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Motzkus
<035>	Contact Telephone Number - Number of person identified in data line <030>	3078836690 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mamotzkus@silverstar.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. Name of Reporting Carrier: SILVER STAR TEL-WY Signature of Authorized Officer: CERTIFIED ONLINE Date 06/26/2014 Printed name of Authorized Officer: Jefferson England Title or position of Authorized Officer: Chief Financial Officer Telephone number of Authorized Officer: 3078806621 ext. Study Area Code of Reporting Carrier: 512295 Filing Due Date for this form: 07/01/2014 Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment

under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	512295
<015>	Study Area Name	SILVER STAR TEL-WY
<020>	Program Year	2015
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Motzkus
<035>	Contact Telephone Number - Number of person identified in data line <030>	3078836690 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mamotzkus@silverstar.net

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent)	is authorized to submit the information reported on behalf of the reporting carrier.				
iso certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized gent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.					
Name of Authorized Agent:					
Name of Reporting Carrier:					
Signature of Authorized Officer:	Date:				
Printed name of Authorized Officer:					
Title or position of Authorized Officer:					
Telephone number of Authorized Officer:					
Study Area Code of Reporting Carrier:	Filing Due Date for this form:				

TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent A	Authorized to File Annual Reports for CAF or LI Recipien	ts on Behalf of Reporting Carrier	
I, as agent for the reporting carrier, certify that I am authorized to submit the annual reports for universal service support recipients on behalf of the reporting carrier; I have provided the data reported herein based on data provided by the reporting carrier; and, to the best of my knowledge, the information reported herein is accurate.			
Name of Reporting Carrier:			
Name of Authorized Agent or Employee of Agent:			
Signature of Authorized Agent or Employee of Agent:		Date:	
Printed name of Authorized Agent or Employee of Agent:			
Title or position of Authorized Agent or Employee of Agent			
Telephone number of Authorized Agent or Employee of Age	ent:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:		

Attachments

	ce Offerings including Voice Rate Data lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013	
<010>	Study Area Code	512295		
<015>	Study Area Name	SILVER STAR TEL-WY		
<020>	Program Year	2015		
<030>	Contact Name - Person USAC should contact regarding this data	Michelle Motzkus		
<035>	Contact Telephone Number - Number of person identified in data line <030>	3078836690 ext.		
<039>	Contact Email Address - Email Address of person identified in data line <030>	mamotzkus@silverstar.net		
<701>	Residential Local Service Charge Effective Date 1/1/2014			
<702>	Single State-wide Residential Local Service Charge			

<703>

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State	Exchange (ILEC)	SAC (CETC)	Rate Type	Residential Local Service Rate	State Subscriber Line Charge	State Universal Service Fee	Mandatory Extended Area Service Charge	Total per line Rates and Fees
WY	Freedom/Alpine		FR	26.45	0.0	0.2116	4.11	30.77
WY	Freedom/Alpine		MS	12.0	0.0	0.096	4.11	16.21
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<010>	Study Area Code	512295
<015>	Study Area Name	SILVER STAR TEL-WY
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<030>	Contact Name - Person USAC should contact regarding this data	Michelle Motzkus
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State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached (select)
WY	Freedom/Alpine	79.95	0.0	79.95	6.0	1.0	0.0	Other, No limit on usage
WY	Freedom/Alpine	67.95	0.0	67.95	6.0	2.0	0.0	Other, No limit on usage
WY	Freedom/Alpine	69.95	0.0	69.95	6.0	3.0	0'.0	Other, No limit on usage
WY	Freedom/Alpine	82.95	0.0	82.95	10.0	2.0	0.0	Other, No limit on usage
WY	Freedom/Alpine	84.95	0.0	84.95	10.0	3.0	0.0	Other, No limit on usage
WY	Freedom/Alpine	102.95	0.0	102.95	15.0	2.0	0.0	Other, No limit on usage
YW	Freedom/Alpine	104.95	0.0	104.95	15.0	3.0	0.0	Other, No limit on usage
WY	Freedom/Alpine	109.95	0.0	109.95	20.0	5.0	0.0	Other, No limit on usage
WY	Freedom/Alpine	154.95	0.0	154.95	30.0	5.0	0.0	Other, No limit on usage
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(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	512295
<015>	Study Area Name	SILVER STAR TEL-WY
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<035>	Contact Telephone Number - Number of person identified in data line <030>	3078836690 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	mamotzkus@silverstar.net

<810>	Reporting Carrier	Silver Star Tel-WY
<811>	Holding Company	Horizon Communications, Inc.
<812>	Operating Company	Silver Star Telephone Company, Inc.

<a1></a1>	<a2></a2>	<93>	
Affiliates	SAC	Doing Business As Company or Brand Designation	
Columbine Telephone Company, Inc.	472295	Silver Star Communications	
Gold Star Communications, LLC	479011	Silver Star Communications	
Gold Star Communications, LLC	519005	Silver Star Communications	
Millennium Networks, LLC		Silver Star Communications	
Silver Star Telephone Company, Inc.	519001	Silver Star Communications	
Silver Star Telephone Company, Inc.	472295	Silver Star Communications	
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dba Silver Star Communications ("Silver Star")

Line 112 (54.313(a)(1) Compliance)

(FCC Form 481)

This section, consisting of three (3) pages, is redacted in its entirety.

dba Silver Star Communications ("Silver Star")

Service Quality Standards & Consumer Protection Rules Statement of Compliance

(FCC Form 481 - Line 510)

Silver Star has established operating procedures designed to facilitate compliance with applicable consumer protection rules; including rules regarding verification of orders for telecommunications service as required of submitting carriers (i.e., Slamming) {Section 64.1100}, compliance with the FCC's Truth-in-Billing Requirements {64.2400}, compliance with the FCC's customer proprietary network information (CPNI) Requirements {64.2009}, and all other customer protection rules including employee training and policy manual development as applicable.

dba Silver Star Communications ("Silver Star")

Functionality in Emergency Situations Statement of Compliance

(FCC Form 481 - Line 610)

Silver Star has established operating procedures designed to facilitate compliance with applicable service quality standards, which may include customer remedies and improvement plans. Specifically Silver Star complies with Section 236 of the Wyoming Public Service Commission rules requiring it to furnish to its customers safe, adequate and continuous service in accordance with accepted good practice, and to that end, maintains its entire plant and system in such condition as to enable it to furnish such service, and inspect its system and facilities in such manner and with such frequency as may be necessary to obtain knowledge of their current condition and adequacy. Silver Star is capable of functioning in emergency situations, by maintaining both battery and generator back-up power, which ensure reasonable functionality of voice services without an external power source. Additionally, Silver Star can reroute voice traffic around damaged facilities and is capable of managing traffic spikes resulting from emergency situations.

dba Silver Star Communications ("Silver Star")

Fixed Voice Services Rate Comparability Statement of Compliance

(FCC Form 481 - Line 1010)

Silver Star's monthly retail residential local service rates do not exceed \$35.90.

dba Silver Star Communications ("Silver Star")

Low-Income Telephone Assistance Program Terms & Conditions

(FCC Form 481 - Line 1210)

Silver Star provides unlimited local calling for lifeline-eligible residential customers, discounted by the federally authorized amount of \$9.25, and state telephone assistance discounts, where applicable. Silver Star's lifeline-discounted monthly telephone service provides access to emergency, operator, interexchange, and directory assistance services. The service does not include enhanced calling features such as voice mail, caller ID, call forwarding, internet or long distance telephone service. Toll Limitation service is provided at no charge for lifeline customers, upon customer request and pursuant to FCC guidelines.

dba Silver Star Communications ("Silver Star")

Line 3017 (54.313(f)(2) Compliance)

(FCC Form 481)

This section, consisting of three (3) pages, is redacted in its entirety.